#11/20000004921

(Red	questor's Name)		
(Address)			
(Add	dress)		
(City	//State/Zip/Phone	÷#)	
PICK-UP	WAIT	MAIL	
(Bus	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



100252254581

10/07/13--01026--011 **25.00

PILED
13 OCT -7 PM 5: 21
SEGRETATE OF STATE
AND ASSEE, FLORIDA

K.SALY EXAMINER OCT -8 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: October 3, 2013

Order#: 823841-063

Re: G6 HOSPITALITY LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX___ Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Nar	ne of the limited liability company: G6 HOSPITALIT	YLLC
2. (a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	Carrollton, TX 75007
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4001 International Parkway Carrollton, TX 75007
08/30/2	2012	M12000004921
3. Dat	e of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
	Registered Agent:	C T Corporation System
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Corporation Service Company
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street
		Tallahassee ,FL 32301
confirmand the liability the me the ope	imited liability company is not organized under the ned that after the change or changes are made, the F business office of the registered agent will be ident y company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwick agreement of the limited liability company.	orida street address of the registered office
	Priebe, Authorized Person	_
	or typed name of signee	
I here comply and I a Chapte addres	by accept the appointment as registered agent and a with the provisions of all statules relative to the pr om familiar with and accept the obligations of my poor or 608, F.S. Or, if this document is being filed to me s, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
By: Signatur	e of Registered Agent Corporation Service Company	Grace E. Kirby, Assistant VP
	Division of Compountions D.O. Doy (1)	27 Tollohoonee Et 22214

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

A:-